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Bib Data Sheet

CONFIRMATION NO. 4891

<b>SERIAL NUMBER</b> 09/696,527	<b>FILING DATE</b> 10/23/2000 <b>RULE</b>	<b>CLASS</b> 367	<b>GROUP ART UNIT</b> 3662	<b>ATTORNEY DOCKET NO.</b> 16220-1
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**APPLICANTS**

Ji Su, Highland Park, NJ;  
Joycelyn S. Harrison, Hampton, VA;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/161,113 10/22/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 12/18/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**

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**TITLE**

Membrane tension control

<b>FILING FEE RECEIVED</b> 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit